

# The Royal Masonic Benevolent Institution Care Company

## Cadogan Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The provider, Royal Masonic Benevolent Institution (RMBI) is part of the Masonic Charitable Foundation whose motto is 'a new charity for Freemasons, for families, for everyone' and runs 20 care services nationally. Cadogan Court in Exeter is registered to provide accommodation for up to 70 people who require nursing and personal care. The needs of people in the home varied. Some people had complex nursing needs and were cared for in bed; some people had mental health needs and needed support and supervision, while other people were relatively independent and needed little support. At the time we visited, 42 people lived at the service.

The service consists of seven units over three floors. However, at the time of the inspection people were living in five of the units because a refurbishment programme was in progress and Osborn and Elliot units were closed; Holman, Barrington and Colenso-Jones were providing care for older people who required residential care; Kneel was providing nursing care for older people; and Alford was providing care for older people living with dementia.

A comprehensive inspection of the service was carried out on 27 February 2017 and 02 and 07 March 2017. At that inspection we identified five breaches of regulations, related to staffing, quality monitoring, safe care and treatment, dignity and respect and person-centred care. We took enforcement action in relation to the staffing and quality monitoring breaches, by serving warning notices on the provider and registered manager. This required the provider to make urgent improvements in staffing by 14 April 2017 and to improve quality monitoring processes by 09 October 2017, due to the serious and major impact on the safety and quality of services people received. We issued requirements for the other three breaches of regulations, safe care and treatment, dignity and respect and person-centred care. The overall rating for the service at that inspection was 'Inadequate' and the service was therefore placed in 'special measures'. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

We carried out an unannounced focused inspection on 12, 14 and 20 July 2017 to check that the required improvements had been made following the comprehensive inspection in February and March 2017. At this inspection we looked at the breaches of regulation related to safe care and treatment and person-centred care. Higher staffing levels put in place at the previous inspection were being maintained for 90 percent of the time. However, further work was needed to ensure people's plans fully reflected their needs and risks. We identified a new breach of regulation because some risks were not always identified or managed well. Action was taken during the inspection regarding these concerns. Following the inspection, we wrote to the provider to formally request information about the actions they had taken to minimise the specific risks we had identified. They sent us the information we requested, detailing the actions they were taking.

A further comprehensive inspection was carried out on 16, 17, 22, 25 and 30 October 2017. At this inspection

we identified breaches of regulations related to safe care and treatment, safeguarding people from abuse and improper treatment, staffing and quality monitoring. The service was in 'special measures' and the provider had not made the significant improvements required within the six-month time frame. This had a serious and major impact on the safety and quality of services people received. We proposed to remove this location from the providers registration, however the provider appealed this proposal through the care standards tribunal. CQC did not oppose this appeal due to improvements made at the service. The appeals process was therefore concluded with the provider agreeing to submit a monthly improvement plan to the CQC until February 2019, and to ensure the manager of Cadogan Court was supervised by key individuals within the organisation.

Cadogan Court was the subject of a whole home multiagency safeguarding investigation from 18 April 2017 until 18 April 2018. Whole service investigations are held where there are indications that care and safety failings may have caused or are likely to cause significant harm to people. During this period the local authority placed a suspension on any further local authority placements at Cadogan Court. The provider also voluntarily agreed not to admit privately funded people to the home. Since 18 April 2018 the local authority has continued to support Cadogan Court within their Provider Quality Support Policy Framework. This is a formal process used when the thresholds for a whole service safeguarding process are not met, but service improvement is still needed to minimise the risks to people. The provider has entered into this process voluntarily. The local authority suspension on new placements is still in place, as is the providers voluntary agreement not to admit privately funded people to the home.

At this inspection in June 2018 we found action had been taken to address all areas of concern, but improvements were still needed. Since the last inspection the provider had kept us informed about their progress, sending weekly updates of their continuous improvement plan (CIP). However more time was required to demonstrate the improvements had been embedded in practice and could be sustained.

Repeated changes in the management team had undermined continuity and consistency at the service. The manager in post at the time of the last inspection had not registered with the CQC. They had since resigned, along with the deputy manager. An interim manager, from another of the provider's services, was now in post pending the appointment of a permanent manager. At the time of this inspection they were in the process of registering to manage the service. The provider and interim manager had been working to develop processes and systems which could be sustained when a new permanent manager was appointed. The interim manager was committed to supporting and mentoring a new permanent manager so that the improvements at the service would continue.

People, relatives, staff and visiting health professionals spoke very highly of the interim manager and the improvements that they had made at the service. The interim manager engaged fully with the inspection process and was open and transparent throughout. They addressed all the issues we raised during the inspection immediately, and took any action necessary to improve the quality of the service and keep people safe.

There were now comprehensive systems in place for assessing and monitoring the quality of the service, however they had not identified the issues we found during the inspection, which meant they were not yet fully effective.

At the last inspection we found staff were not always available to meet people's needs and keep them safe. At this inspection we found staffing levels across the service had been reviewed and increased. Staff on the dementia and nursing units were visible and safely supporting people throughout our inspection. However, people and staff on the residential units expressed concern about the availability of staff. They told us their

support was often interrupted when a member of staff was called away. A member of staff said they frequently had to interrupt medicines administration to provide support, which was potentially unsafe because it distracted them from the task.

At the inspection in October 2017 we found the skills mix and deployment of new and agency staff undermined their ability to understand and minimise risks. At this inspection we found there were now more permanent staff in post and the number of agency staff had decreased since the last inspection. Consistent agency staff were used where possible and assigned to regular units to provide continuity. The service obtained a profile of their training and skills, so they could allocate them to the unit where they would be most effective. This meant there was a more stable and consistent staff team with a good understanding of people's needs. However, a relative was concerned that a member of agency staff was unaware of the support their family member required to reduce their risk of choking.

Medicines were safely managed with the exception of prescribed topical creams which records did not demonstrate had always been applied as prescribed.

There was an effective call bell system at the home, however two people assessed as being at high risk of falls were not wearing their pendant alarms.

Staff made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. The manager had worked with the local GP surgery to develop an effective referral process. However, visiting health professionals told us there had been a breakdown in the system for sharing information, which meant their advice and guidance was not consistently followed by staff.

At the inspection in October 2017 we found care plans did not always contain the information and guidance staff needed to support people. In addition, people and their relatives had not always been consulted when care plans were drawn up and reviewed. At this inspection we found improvements had been made. Care plans were comprehensive and reviewed monthly and quarterly. People, and their relatives where appropriate, were now consulted. However, some improvement was still needed to ensure the information in care plans consistently provided the information staff needed to support people.

The service promoted effective monitoring and accountability. The management team were highly visible at the service and available to support staff 7 days a week. The managers had constant oversight of the support being provided via the computerised care planning system, and communication systems had been established to ensure information was shared consistently across the service. Staff practice was observed regularly and feedback given in supervision. However, improvement was needed to ensure any concerns identified were addressed in a timely way.

At the inspection in October 2017 we found that staff did not consistently follow safeguarding policies and procedures. At this inspection we found staff received regular safeguarding training, and were confident they knew how to recognise and report potential abuse. Staff were recruited carefully and appropriate checks had been completed to ensure they were safe to work with vulnerable people.

At the last inspection we found staff had not always reported and documented accidents and incidents. At this inspection we found staff now had a clear understanding of the process for managing and reporting accidents and incidents and were using it effectively. Information was reviewed and analysed by the management team, and action taken where required, to prevent reoccurrence.

When we last inspected in October 2017 we found people did not receive effective care because staff did not always have the competence, skills and experience required, or receive the necessary support and training.

At this inspection we found improvements had been made. Staff now completed a comprehensive induction and training which gave them the knowledge, skills and confidence to support people effectively. This included specialist training from external health professionals. They also received regular individual support and supervision.

At the last inspection we found staff did not ensure people's dignity and privacy was maintained at all times. At this inspection we found staff promoted people's independence and treated them with dignity and respect. People were supported to make choices about their day to day lives, for example how they wanted their care to be provided and how they wanted to spend their time. The service ensured people and their advocates where appropriate, were fully consulted and involved in all decisions about their lives and support. This meant people's legal rights were protected.

The service was proactive in identifying and meeting the information and communication needs of people living with dementia and/or experiencing sensory loss.

There was a dynamic and person-centred activities programme being developed by three activity coordinators at the service. People were supported to participate, but it was their choice to do so. One to one support was available if required.

There were systems in place to ensure risk assessments were comprehensive, current, and supported staff to provide safe care while promoting independence. The new computerised care planning system, accessed by staff using laptops, ensured that information about people's risks was shared efficiently and promptly across the staff team. This meant staff had detailed knowledge of people's individual risks and the measures necessary to minimise them.

People had sufficient to eat and drink and received a balanced diet. Care plans guided staff to provide the support they needed. The catering manager had worked closely with the speech and language therapists (SALT) team, to meet the needs of people with swallowing difficulties. They had also been working to ensure the nutrition and hydration needs of people living with dementia were met. People spoke positively about the food and choices available. They enjoyed the ambience of the dining room and socialising there with friends.

People lived in an environment which had been assessed to ensure it was safe. A refurbished unit was due to open, and had been designed and adapted to support the needs of people living with dementia. Personal emergency evacuation plans were in place (PEEP's) so that they would receive the support they needed in an emergency.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not completely safe.

Medicines were safely managed although it was not clear from records that people had their topical creams applied as prescribed.

Systems to enable people to call for assistance in an emergency were not fully effective.

People were protected by staff that understood and managed risk. People were supported to have as much control and independence as possible.

People were protected from avoidable harm and abuse.

People lived in an environment which was well maintained and regularly checked to ensure safety throughout.

### Is the service effective?

**Good** 

People received support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and received regular training and supervision.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People's eating and drinking needs were known and supported.

People had access to external healthcare professionals to help ensure their health and well-being was maintained.

People lived in an environment which was adapted and designed to meet their needs.

### Is the service caring?

**Good** 

The service was caring.

Staff were kind and compassionate and treated people with respect.

People were supported to express their views about the quality of the service.

Equality and diversity was respected and people's individuality supported.

People were supported to maintain ongoing relationships with their families and told us they were able to have visitors at any time.

### Is the service responsive?

**Good** ●

The service was responsive.

People had comprehensive care plans which were reviewed regularly. People and their relatives were involved in these reviews and decisions about their care.

The service was proactive in identifying and meeting the information and communication needs of people living with dementia and/or experiencing sensory loss.

People's end of life preferences were known and documented.

People were able to take part in a programme of activities which was being further developed to better meet their needs.

People and their relatives knew how to make a complaint and raise any concerns.

### Is the service well-led?

**Requires Improvement** ●

One aspect of the service was not well led.

Systems to monitor the quality of the service were not fully effective.

People, relatives, staff and external professionals all spoke positively about the interim manager of the service.

The provider and manager were clear about how they wished the service to be provided and worked to ensure their vision and values were understood and shared by the staff team.

People were supported to be part of the local and wider

community to prevent isolation and to enhance their well-being.

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# Cadogan Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26, 28 and 29 June 2018, and was unannounced. The inspection team consisted of two adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service, including notifications, previous inspection reports, safeguarding and quality assurance reports and feedback from Devon County Council commissioners and community health professionals. A notification is information about specific events, which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

We looked at a range of records related to the running of the service. These included staff rotas, training records, four staff supervision and observation records, seven medicine records, meeting records, quality monitoring audits and the service's continuous improvement plan. (CIP). We also looked at 11 care records and all of the summary care plans for people living at Cadogan Court.

We attended a clinical meeting and a head of department meeting.

We spoke with 13 people and seven visitors to ask their views about the service. We spoke with 14 staff, including the manager, two deputy managers, catering manager, domestic staff, the training officer, office manager, regional manager and the RMBI pharmacy and dementia specialist lead. We had feedback from three health care professionals who supported people at Cadogan Court.

Some people living with dementia were not always able to comment directly on their experiences. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing

care to help us understand the experience of people living with dementia.

# Is the service safe?

## Our findings

At the inspection in February 2017 there were significant concerns about people's safety. There were not enough staff to respond to people and manage risks, and people's medicines were not managed or administered safely. We found two breaches of regulations related to staffing, and safe care and treatment, and the service was rated 'Inadequate' in this domain. We took enforcement action by serving a warning notice around staffing levels.

At the focussed inspection in July 2017 there remained significant concerns about people's safety. We also found the issues relating to the warning notice had not been met. Risk assessments did not always provide the information and guidance staff needed to understand and minimise risks, particularly when people had behaviours that were challenging. At that time we found there were sufficient numbers of staff, including a high number of agency staff, however their deployment was not being effectively managed. We found a breach of the regulation relating to safe care and treatment and a repeated breach of the regulation related to staffing. The service was again rated 'Inadequate' in this key question. We also wrote to the provider to request information about the action they intended to take to address these concerns and received a satisfactory response.

At the comprehensive inspection in October 2017 this key question was again rated as 'Inadequate' because staff were not always available to meet people's needs and keep them safe. The skills mix and deployment of staff undermined their ability to understand and minimise risks. In addition, people were at risk because staff did not consistently follow policies and procedures related to safeguarding people and reporting accidents and incidents. We found a breach of the regulation related to safeguarding and repeated breaches of the regulations related to staffing and safe care and treatment.

During this inspection in June 2018 we found action had been taken to address all areas of concern, but further improvements were still needed. Where improvements had been made more time was required to demonstrate they had been embedded in practice and could be sustained.

There had been improvements in staffing levels since the last inspection. There were now established and stable staff teams on the dementia and nursing units, and staff were visible and safely supporting people on these units throughout our inspection. However, people living in the residential units and their relatives, expressed some concern about the availability of staff. One person told us, "Sometimes they get called away when I am being washed. It's very annoying when you are about to be dressed. I think that's because of a lack of staff. They come back again. It happens quite often in the mornings. It's not so bad in the evenings." A relative said that, "staffing over the weekends is definitely problematic". A member of staff told us that they were frequently called away to provide support when they were administering medicines, which was potentially unsafe because it distracted them from the task. They were clear however that people were not placed at risk because staff were not always able to respond immediately. They told us, "People have pressure mats and call bells in their rooms [to alert staff in an emergency.] It just means they have to wait a bit longer [to be supported]."

We raised the issue of staff availability on the residential units with the management team. The manager told us the home continued to be staffed as if it were at full capacity. The consolidation of the nursing units and dementia units had provided an opportunity to review staffing levels, which had been increased significantly on the dementia unit since the last inspection. They told us staffing levels on the residential units were adequate to meet people's needs. In addition, there was an allocation system in place, overseen by the deputy managers, where staff could be deployed from other units should there be a need. A 'dependency tool' was completed every month to determine the level of support people required. This tool was being refined by the provider to ensure it accurately captured the complexity of people's individual needs.

At the inspection in October 2017 we found the skills mix and deployment of new and agency staff undermined their ability to understand and minimise risks. At this inspection we found there had been improvements. Overall people spoke positively about the deployment of agency staff. One person said "Even when there were a lot of agency staff, they were very good. It didn't feel that care was compromised." However, a relative expressed concern that a member of agency staff had not been aware of the support their family member required to reduce their risk of choking. We discussed this with the manager. The information was already clearly documented in the person's care records. The manager supplemented this with visual prompts in the person's bedroom and the kitchen to remind staff.

The provider's representative told us there had been a reduction in the number of agency staff and an increase in permanent staff, which provided greater consistency. At the inspection in October 2017, 50 per cent of the work force were agency staff. In the month prior to this inspection 47.5 per cent of care staff and 44.5 per cent of nursing staff were from agencies. The manager had worked to improve the way agency staff were deployed, meeting with their managers and developing constructive relationships. Rotas were completed four weeks in advance so any requests for agency staff could be made in good time. Consistent agency staff were used where possible and assigned to regular units to provide continuity. All agency staff completed an induction and a profile detailing their training and experience. Shift leaders were then able to allocate them to a specific unit in line with their knowledge and skills. Staff on the dementia unit confirmed the improvement in the deployment of agency staff, telling us; "We have consistent agency staff; some agency staff are here all the time. I look forward to coming to work now. You know who you are working with and there are enough staff. Even when we do have agency the shift leader constantly looks at the rota. They do tweaks here and there to make sure there are as many permanent staff on a shift as possible."

At the inspection in October 2017 we found that improvements were needed in relation to the administration of topical creams. At this inspection we found that this was still the case. Prescribed creams were recorded on people's medicine administration records (MAR). The information was transferred onto a topical cream chart for staff to sign when they had administered the topical creams. This guided staff which cream to use, where it should be applied and the frequency of the cream application. There were signature gaps on these charts which indicated people may not have had their creams administered as prescribed. The management team were confident these creams had been applied as prescribed. Before the end of the inspection they had taken action to improve recording of the administration of prescribed topical creams.

People received their medicines safely and on time. Medicines were administered by staff who had been trained regarding medicine management and had their competency checked. When staff administered people's medicines, they were patient and ensured people had a drink to take their medicines. Records were completed correctly and after the person had taken the medicine.

Medicines were stored securely, including those requiring refrigeration. Records were kept in relation to medicines received into the home and medicines disposed of. There were safe medication administration

systems in place. Medicines administered were well documented in people's Medicine Administration Records (MAR), as were any allergies or sensitivities. A pharmacy review in May 2018 by the pharmacy providing medicines at the home did not raise any significant concerns.

At the inspection in October 2017 we found that staff did not consistently follow safeguarding policies and procedures. At this inspection we found improvements had been made. The safeguarding policy had been reviewed and updated. Staff had received training. They knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. They were aware of the providers whistleblowing policy and told us they would feel confident to use it. Safeguarding concerns were managed appropriately, and the service worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

At the inspection in October 2017 we found that staff had not always reported and documented accidents and incidents. At this inspection we found staff now had a clear understanding of the process for managing and reporting accidents and incidents. A newly employed member of staff told us, "Everything I see I have to report. I've been shown how to complete a body map." Any accidents or incidents were recorded by the staff on the computerised care planning system. The system prompted staff to describe the incident and explain what they had done to resolve the issue. This information was reviewed and analysed by the management team, and action taken where required, to prevent reoccurrence.

People told us there was an effective call bell system at the home, and staff responded quickly when they used it. Handover meeting records documented "Can all staff please ensure all residents have their call bell and neck pendants to hand at all times when in their rooms." However, two people we spoke with during the inspection, who were at high risk of falls, were not wearing their pendant alarm. This meant they would not be able to call for help in an emergency. We raised this with the manager who responded by introducing a system and documentation for checking that pendant alarms were being worn where required to keep people safe.

Since the inspection in October 2017 a new computer based care planning system had been introduced. Staff accessed the system using laptops and told us they felt confident and competent to use it. The system meant staff could easily access the information and guidance they needed to provide safe and effective care. It also enabled the management team and shift leaders to have immediate oversight of the support being provided by staff, and any issues or concerns. Risk assessments about each person were recorded on the system. They identified measures taken to reduce risks as much as possible. These included risk assessments for moving and handling, skin integrity, bed rails, nutrition, health and safety or when people had behaviours that were challenging. For example, a general risk assessment had considered the risks of a person having a cigarette and another self-neglect. An example of a health and safety risk assessment was where a person was unable to summon help using the call bell and understanding the fire bell. Where risks had been identified staff had recorded methods to minimise the risks to ensure people would be safe. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included pressure relieving mattresses on their beds and cushions in their chairs.

Risks of abuse to people were minimised because the provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records we checked. The DBS checks people's criminal history and their suitability to work with vulnerable people.

Systems were in place to help prevent and control infection. The home was kept clean and hygienic by a team of housekeeping staff. Staff understood what action to take to minimise risks, such as the use of gloves and aprons, and good hand hygiene to protect people. Hand gel, gloves and aprons were readily available. Clinical waste was disposed of correctly. The management team carried out regular observations of staff to ensure standards were maintained.

People were protected from risks associated with fire. Staff had received training, and fire checks and drills were carried out in accordance with fire regulations. People had individual personal protection evacuation plans (PEEP's) which took account of their mobility and communication needs. These were accessible so in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate people safely.

The environment was safe and secure for people who used the service, visitors and staff. There were arrangements in place to manage the premises and equipment. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, electrical and lift maintenance. Staff were able to record repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance team.

## Is the service effective?

### Our findings

At the last comprehensive inspection in February 2017 we rated this key question as 'Requires Improvement'. A lack of staff meant that people did not always receive consistent and effective care. The provider had not recognised this or taken action to ensure effective support was being provided. Despite the lack of appropriate staffing levels we found people's health needs were well met. We found no breaches of regulation at the July 2017 inspection.

At the inspection in October 2017, the manager told us staffing levels were now more than adequate to meet people's assessed needs. However we found people did not receive effective care because staff did not always have the competence, skills and experience required, or receive the necessary support and training. We found a breach of the regulation related to staffing. The service was again rated 'Requires Improvement' in this key question.

At this inspection we found improvements had been made and people now received effective care. Throughout the inspection care staff consistently demonstrated that they had a good understanding of people's individual needs and had the experience, skills and knowledge to meet them. For example, one new member of staff described to us the complex needs of the people living on the dementia unit. They said, "It's important to get to know them day by day, as you can find out new things about them and their behaviour changes on a daily basis." One person commented, "I always feel safe being moved from chair to hoist." Written feedback from a relative stated, "I visit several times a week and am constantly impressed by the high standards met by the home. All staff are excellent from the highest to the lowest." A visiting health professional told us, "Some care staff are just so on the ball. They are really good and you know things are being done. I think it's a good home."

At the last inspection in October 2017, staff told us they did not consistently receive the support and training they required to provide safe and effective care to people. At this inspection staff spoke positively about the induction and training, and told us it helped them to prepare well for their role. This included agency staff who completed their own induction. The induction covered a range of essential topics like moving and handling, first aid, and fire safety. During this period new staff worked alongside more experienced staff to get to know people, and about their care and support needs. They were also undertaking the new national skills for care certificate, a more detailed national training programme and qualification for newly recruited staff.

The manager told us there had been changes to the induction programme since the last inspection which meant that it was "probably more consistent than before." They said, "The buddy system helps people to feel part of a team. New staff meet the directors and make links with the organisation. Positive feedback is given to the new person and they are supported on a personal level to build their confidence. It's not just learning the ropes of the job, its experiential learning... There are new systems to help staff learn. The structure is more stable and staff are feeling more comfortable."

There was an ongoing mandatory training programme for all staff which allowed them to keep their

knowledge and skills up to date. This was delivered by a full-time trainer and incorporated customer service; dementia awareness; moving, handling and falls; fire, infection prevention; safeguarding; equality and diversity and first aid awareness. Staff told us, "The training is continually running. They tell us, "If you want to go on it again, go on it again." They have really been pushing the training, so we have always got cover so we can go." In the month prior to the inspection this training had been completed by 90 percent of staff. Additional specialist training was arranged with external trainers if required so that staff could meet people's complex needs. For example nurses undertook additional training in catheterisation, venepuncture, and wound care. Care staff had attended training provided by the speech and language team and falls training provided by the local authority.

Since the last inspection there had been an increased emphasis on expanding staff knowledge and skills in supporting people living with dementia. The provider's dementia specialist lead had continued to observe and analyse the support provided to people living with dementia. This had informed enhanced dementia training for staff. Staff were very positive about the training and told us it enabled them to 'put themselves in the shoes' of the person living with dementia. There had been training on supporting people with behaviour that challenges, which staff said helped them to feel more confident. A project called 'Have you got it?' linked staff on the dementia unit with staff in the nursing unit, with the aim of sharing knowledge and expertise and driving up the quality of dementia care across the service.

At the last inspection in October 2017 some staff told us they were not well supported. At this inspection all staff we spoke to said they were well supported by the management team. The manager operated an "open door" policy, and staff told us they found them approachable and supportive. They had formal supervision four times a year, with observations of their practice carried out alongside or when needed. Supervision provided an opportunity for them to reflect on their work and their training needs, as well as consider their professional development. Nursing staff received clinical supervision and were supported with their revalidation as required. Revalidation is a process which helps nurses to demonstrate they practice safely and effectively, and maintain their registration with the nursing and midwifery council (NMC).

Staff knew people well and monitored their health on a daily basis. People told us, and records showed, they made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. At the last inspection a breakdown in communication between health professionals and the service, meant information about people's needs was not always being shared. At this inspection we found this had been addressed by the manager who, with the GP's, had developed a more effective system for making referrals and requesting GP visits. Written feedback from a GP stated, "We now have focussed channels of communication, and streamlined ways of working such that the patients receive a high standard of care."

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and how to apply its principles to their practice. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care plans demonstrated that assessments of people's capacity to consent to their care and treatment had been assessed and we heard staff consistently asking for people's consent before supporting them. Where a person had been assessed as lacking the capacity to consent, staff had involved people's representatives and health and social care professionals to determine whether a decision was in the person's best interests. These included decisions about the use of pressure mats, the management of medicines and how their support was provided. This ensured people's legal rights were protected.



The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had referred people for an assessment under DoLS where required.

People had sufficient to eat and drink and received a balanced diet. They were weighed and their nutritional status monitored, so any risks around nutrition could be picked up quickly and action taken. Nutrition and hydration care plans were in place and a 'food passport' which listed food preferences, specialist diets, food and fluid consistency, allergies and support needed including with meal choices, for example using pictures. Drinks were available in all communal areas and every bedroom we visited. Teas and coffees were offered regularly.

People received the support they needed to eat and drink safely. Colour coded coasters and trays highlighted any risks and indicated the level of prompting and support the person needed. People were allocated a member of staff to assist them at mealtimes if required. People with dysphagia (swallowing difficulties), had been seen and assessed by a speech and language therapist (SALT) and their recommendations documented and followed. The catering team had been working closely with the SALT team to ensure people's individual dietary and hydration needs were safely met. For example, they had undertaken training and developed a high calorie ice cream which was suitable for people with dysphagia.

Since the last inspection the catering team had been working to improve nutrition and hydration for people living with dementia. The catering manager was proactive in improving their knowledge, visiting and learning from other services. People had access to food 24 hours a day and snacks were readily available for those who were constantly on the move and unable to sit down to eat. One person, who loved curry, slept through the day and walked around at night. The kitchen ensured there was a regular supply of curries in the fridge for when they needed to eat. There were baking sessions on the dementia unit and regular 'tea and cake' rounds to promote hydration.

The catering manager held meetings to discuss and plan menus with people and their relatives. Post cards were left on the dining tables asking for their feedback. Overall people and their relatives were positive about the food and choices available. Comments included, "It's just good. I go to the dining room for meals. If I don't like what it is I can change my mind. They are very, very flexible" and, "My family member has breakfast in their room and has a good meal for lunch in the dining room. There's a wide choice. It's nicely presented, homemade, it looks good." People told us they enjoyed socialising at lunchtime, sitting with their friends and enjoying the company. The Food Standards Agency had given the service a hygiene rating of five.

Since the last inspection the service had been working to improve the design and adaptation of the environment for people living with dementia. There was clear signage throughout and memory boxes on people's doors filled with objects which meant something to them. The atmosphere in the dementia unit was much calmer. Classical music was played in the mornings to create a peaceful atmosphere. Call bells now rang in the unit where they were pressed rather than across the whole home and the volume of the call bells in the dementia unit had been lowered. Small, more intimate areas had been created, such as a world cup area with a television and flags where people could watch the football.

A new dementia unit had been created in Osborn, and was now near completion. The new unit contained several 'pop up reminiscence pods', to promote reminiscence and help people feel comfortable. They included a vintage shop with an old till, a 1950's style television and a Victorian fire place. The manager planned to recreate people's own front doors on their bedroom doors to help them feel more familiar. There

was specialist lighting in the corridors, which provided ambient light at night time to help people orientate themselves to time. People would have access to their own safe garden area, which was being planned to ensure it would meet their needs.

# Is the service caring?

## Our findings

At the inspection in February 2017 we found staff were unable to ensure that people's dignity was maintained at all times. This was a breach of the regulations. We rated the service as requiring improvement in this area.

At the inspection in October 2017 people told us the majority of staff treated them with dignity and respect, however, during the inspection we saw that people's privacy and dignity was not always respected. Care plans did not always contain the information staff needed to support people according to their wishes and preferences at the end of their lives. We found a breach of the regulation related to quality monitoring and the service was again rated as 'Requires Improvement' in this key question.

During this inspection we looked to see if improvements had been made. We found action had been taken to address all areas of concern and the service was now caring.

The provider promoted the RMBI's corporate values of 'Kind', 'Supportive' and 'Trusted' at Cadogan Court. In the PIR the manager stated, "Our ethos is that the development of relationships based on dignity, trust and respect are vital for us to meet the needs of people. Recruitment is competency based to ensure that staff have caring attitudes, and experiential learning takes place so that staff can understand issues from a resident's perspective to promote privacy and dignity. All staff are supported to challenge practice which does not promote our core values and the management team are visible on the floor to support good practice."

The provider did not have a policy related to equality, diversity and human rights for the people being supported by the service, although this was in development. Equality, diversity and human rights were promoted across the staff team through processes, mandatory training and the policies related to privacy and dignity, independence and person-centred care planning. People's cultural and spiritual needs were identified with them on admission and documented in care records. Staff were aware of them and ensured people were treated fairly and equally. The kitchen was informed about any cultural dietary requirements.

People told us that staff were kind and respectful. One person said, "It's very nice, can't be better. Everything is done for you. The people are nice that look after you." Another person said, "Some of the carers are really nice. They did ask how I would like to be addressed. I prefer to be called by my Christian name." There were now established and stable staff teams which meant staff knew people well and had a good understanding of their individual preferences. For example, one person was brought tea in a bone china cup. They told us it was their own cup and staff always made sure they were given it.

At the inspection in October 2017 people told us staff were too busy to spend time with them. At this inspection we observed that staff on the dementia and nursing wings were not rushed and took time to speak with people. They discussed the weather and what was on television. There was lots of laughing and appropriate banter.

Staff respected people's dignity and privacy and all personal care was provided in private. Care plans documented people's preferences about the gender of the carer supporting them. 'Do not disturb' signs were provided to hang on door handles. Staff knocked on doors before entering and asked people for their consent before supporting them. They were calm and kind in their approach, going at the person's pace and offering reassurance throughout. Staff told us how they gave people a towel to cover up so they were not exposed when being supported with intimate care, and ensured people saw health professionals in the privacy of their room. Staff observations assessed whether the member of staff was promoting the person's dignity, independence and privacy. The member of staff was given formal written feedback and the opportunity to reflect on this in supervision to determine what they were doing well and where improvements were needed.

Staff involved people in their care, promoting their independence and supporting them to make daily choices. The manager told us, "I tell staff, 'Never think about what somebody can't do. Think about what people can do and support them to do it.'" Care plans contained clear guidance about the support people needed and what they could do for themselves. For example, "[Person's name] likes to look nice every day. Staff to ensure they have their hair brushed and matching clothes of their choice every day. [Person's name] really likes bracelets, so it is important staff are aware of this and ask them if they would like to choose some bracelets to wear each day."

The service ensured that people were kept informed about developments and had the opportunity to express their views. There was a monthly newsletter. A resident's representative sat on the health and safety committee, and there were regular residents and relatives' meetings. Recent meeting minutes showed there had been an update on refurbishment plans and changes in staffing. People had the opportunity to ask questions and suggestions had been invited on a range of issues including the use of volunteers, catering and activities. There was a display in the reception area with updates about the refurbishment, with fabric samples for the soft furnishings. Residents and relatives' surveys were conducted, including a survey to find out what people thought about having closed circuit television installed at Cadogan Court. A publication called, "You said, we did", informed people of the actions the service had taken in response to feedback.

Staff understood the need for confidentiality, the safe storage of people's records, and knew not to share information without people's consent or unnecessarily. The provider was working to meet their responsibilities under the General Data Protection Regulation (GDPR) that came into force on 25 May 2018. This meant that information was collected, stored and shared safely.

People were supported to maintain ongoing relationships with their families and told us they were able to have visitors at any time. Their privacy when entertaining visitors was respected. Comments included, "Sometimes we sit outside, or in the lounge" depending on where [my family member] wants to be. They held a buffet in the lounge for [my family member's] birthday" and "I have two children who live nearby. They visit me in my room." Relatives told us they were kept informed about their family members wellbeing. Records showed that shift leaders contacted a relative at their request every day to update them about their family member, because direct communication on the telephone was becoming difficult.

## Is the service responsive?

### Our findings

At the inspection in February 2017 people were not receiving care that was responsive to their needs and personalised to their wishes and preferences. Inadequate staffing levels meant people could not choose to participate in organised activities or be supported to organise their own activities if they wanted to. This was a breach of the regulations. We rated the service as requiring improvement in this area.

At the focussed inspection in July 2017 we found people's social and emotional needs were being met. However, we found another breach in regulation because the provider had not ensured people received care and treatment which was appropriate and met their needs. We again rated the service as requiring improvement in this area. Following the inspection, we wrote to the provider to request information about the action they intended to take to address these concerns and received a satisfactory response.

At the inspection in October 2017 we found care plans and risk assessments were now more person-centred, and there was clearer guidance for staff about how to meet people's individual needs. However, this was not consistent and care plans were not always accurate. We found a breach of the regulation related to quality monitoring and again rated the service as 'Requires Improvement' in this key question.

At the inspection in October 2017 we found care plans did not always contain the information staff needed to support people according to their wishes and preferences at the end of their lives. At that time the topic area relating to end of life care was included under the key question of Caring. Our new assessment framework was published in October 2017. Under the new framework this topic area is included under the key question of Responsive. Therefore, for this inspection, we have inspected this key question and also the previous key question of Caring to make sure all areas are inspected to validate the ratings.

Since the last inspection a new computer based care planning system had been introduced. We found significant improvements in the consistency and accuracy of care plans, which contained clear and detailed information. A 'summary care plan' provided an easily accessible overview of the person's support needs, which staff could access quickly and easily. The summary care plans were updated regularly which meant they accurately reflected the information in the main care plan. Staff told us the care plans were easy to follow, and being amended all the time to reflect people's changing needs. One member of staff said, "[The computerised care planning system] has changed our lives. The information is safe on the computer and it's all in one place."

The care plans contained information about people's mental, physical and emotional health, as well as their support needs, communication needs and daily routines. They provided the information staff needed to provide care in a personalised way, with details about people's background, likes and dislikes, and hobbies. One care plan instructed staff to, "ensure they have read [person's name] life story and try to incorporate aspects of this into their daily living." A member of staff described how they did this, spending time chatting with a person about their favourite old cars. People's end of life wishes were documented, which meant staff and professionals would know what the person's wishes were for their future care and final days, and could ensure they were respected.

Care plans contained clear guidance for staff, so they knew what action to take to minimise risks and meet people's needs. There were care plans in place for catheterisation and wound care, which clearly explained the concerns and the actions staff needed to take. The care plan for a person who refused support with personal care stated, "[Person's name] responds better to some care staff more than others so one solution to manage to assist them would be for different carers to try to offer their support. If they decline the support from all carers who offer, carers are to try later to offer their support. If the carers are unsuccessful, regardless of the approach tried they have to inform the shift leader."

The computerised care planning system was used to record progress notes throughout the day. We saw staff had commented on people's mood and activities they had done, as well as recording information about activities of daily living, communication, nutrition and continence. For example, "Very chatty went for a walk in the garden." Detailed handover sheets were completed daily for each unit, with actions required and completed. The manager had oversight of this process on the computerised care planning system and could identify and follow up those actions which were still outstanding. The system also had a 'message of the day'. This prompted staff in relation to a range of daily topics, including ensuring people's privacy and dignity was respected, and reminding them about the importance of hydration and sunhats for people during the very hot weather.

When we last inspected in October 2017, people and their relatives had not always been consulted when their care plans were drawn up and reviewed. At this inspection we found improvements had been made. Staff had been advised at a staff meeting "You don't need to sit in an office to fill in [the computerised care plan]. Sit with the residents and see what they would like you to put in it. The laptops are to be taken into residents' rooms. Relatives were formally invited to contribute to monthly and quarterly care plan reviews with the permission of their family member. Documented feedback from one relative said, "I'm having my third monthly meeting with [carers name] to discuss my family members care. We now just discuss any differences or changes that have taken place in the past month and then at the end of the meeting we book in our next care plan review appointment." Another relative told us, "Now [my family member's] information is on the computer it is quicker for the staff to find things if I ask. I am kept informed."

The refurbishment programme and reconfiguration of the units meant a change of room for many people. The manager had been mindful that they might find this distressing and disorientating, and taken steps to minimise the impact. A member of staff from the dementia unit told us, "We need to make sure when we allocate rooms that the lay out is the same as previous room. It's not just about the position of the furniture. We need to think carefully about the transition and how people are supported." The relative of a person who had already moved rooms told us, "They decided that this was a good room for [my family member] as their eyesight isn't brilliant and in this room, everything is in the same place. They took photos of the old room and everything was placed exactly like it was in the old room. It was really well done."

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was proactive in identifying and meeting the information and communication needs of people living with dementia and/or experiencing sensory loss. The provider had produced guidance to inform staff about the Accessible Information Standard and their responsibilities. It contained suggestions about how to support communication face to face, on the telephone and in printed communication. Staff were knowledgeable about people's individual communication needs, and this was supported by detailed information in care plans. Information on people's doors advised staff and visitors of the persons communication needs. For example, "My name is X. I am partially sighted and hard of hearing. Please make sure I understand you. Thankyou."

There was an activities programme at the service which ran on seven days a week. Several people told us how much they enjoyed the activities. One person commented; "I like reading anything. I have seen the mobile library. I go to the lounge for activities. I get a list [of activities]. I like anything. I have been in the minibus twice." Other people told us they preferred not to join in or mix with others at the home. There were two activity co-ordinators in post, with a third due to start. The activities co-ordinators were passionate about their role. They told us were getting to know people, what they enjoyed and could participate in. They were developing the activities programme accordingly. For example, a sensory profile was completed for people at risk of social isolation. A person with a visual impairment might be able to see bright colours, so an individual activity could be developed which met their particular needs.

The activities programme was given to people a month in advance with a daily reminder displayed on a television screen in the reception area. Staff were informed about planned activities in a newsletter. They could then make the necessary arrangements to enable people to participate, such as one to one support, or a meal which met their dietary requirements on a trip out.

The activities programme included a choir, mobile library, art activities, reminiscence, pub afternoons, gardening and trips out in the minibus. There had recently been a fete which had been attended by the masonic bikers and local farmers who came with a Shetland pony, strawberries and clotted cream. A cartoonist had spent a day at the home, and immortalised a range of activities taking place on a mural which was displayed in the reception area. A 'sensory' puppy had been introduced and was being trained to play a therapeutic role at the home. There were outings to 'dementia friendly' activities in the community, such as shopping in a department store. One to one activities were organised for people who stayed in their rooms.

An on-line complaints, concerns and compliments process had been introduced since the last inspection. People told us they would feel comfortable raising concerns, and a relative told us the manager had acted immediately to resolve an issue they had raised. There had been eight formal complaints since the last inspection and all had been dealt with in line with the service's inspection policy.

## Is the service well-led?

### Our findings

At the inspection in February 2017 we rated the service 'Inadequate' in this key question because the systems in place to monitor and maintain the quality and safety of the service were not effective. We took enforcement action by serving a warning notice around their quality monitoring systems.

At the inspection in October 2017, we found that although some improvement had been made, there remained significant shortfalls in the management of the service and people continued to be at risk. We found a breach of the regulation related to quality monitoring. This meant the warning notice was not fully met.

At this inspection in June 2018 we found significant improvements had been made. The provider had kept us informed about their progress, sending weekly updates of their continuous improvement plan (CIP). There were comprehensive systems in place for assessing and monitoring the quality of the service, including audits of accidents/incidents, complaints, medicines management, care records and infection control.

Care staff were monitored through supervision and observations of their practice. In addition, people using the service and their relatives were regularly asked for their views through surveys, meetings, satisfaction questionnaires and at reviews. However auditing systems had not identified the issues we found during the inspection, which meant further improvement was required to ensure consistency and effectiveness. For example, visiting health professionals told us there had been a breakdown in the system for sharing information, and their advice and guidance was not consistently followed by staff. We also found there was confusion about the equipment recommendation for a person because this was not documented in their care plan. An observation of a member of staff had highlighted a concern about their practice, but supervision records showed this had not been addressed with them. In addition, there was no effective system in place to ensure people at high risk of falls were wearing their pendant alarm and we found signature gaps in the administration records for topical medicines had not been identified. The manager responded immediately to address all the issues we raised during the inspection, and overall our findings showed that significant improvements have been made in all aspects of the management of the service. However, systems to monitor the quality of the service are still to be fully established and embedded to demonstrate sustainability.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Although the provider has had continuous oversight at Cadogan Court, frequent changes to the management team had undermined the continuity and consistency of the service. The manager in post at the time of the last inspection had not registered with the CQC. They, and the deputy manager had since resigned. An interim manager, from another of the provider's services, was now in post pending the appointment of a permanent manager. At the time of this inspection they were in the process of registering to manage the service. In addition, there were now two deputy managers employed at the service.



The provider's representatives told us the interim manager provided strong and stable leadership, and had "got to grips with the issues." They told us they and the manager had been working to establish effective processes and systems which would continue when a permanent manager was recruited. They said, "This is sustainable because it doesn't rest on one person anymore." The interim manager was committed to ensuring the improvements they had made were sustained, telling us, "I have given my heart and soul to this home. I have put so much passion into it." They planned to stay at the service for at least a month after the new manager was in post, and act as their mentor in the long term. A comprehensive induction was planned, which included weekly visits from the providers representative.

People, relatives and staff spoke highly of the interim manager and the changes they had made at the service. A relative said, "The manager has their finger on the button, but they are going. If they can find someone like them it will be fine. We have noticed a difference from the top." Staff comments included, "[Manager's name] has helped, they are calmer, approachable and a worker. They like things done properly", "When I came here they were embedding systems. There is a lot of quality monitoring in place" and, "I'm really excited about all the changes. It's much more organised. We can see an improvement. everybody is more motivated." A visiting health professional told us, "Staff are happier. We are called when needed. There is a better atmosphere all around. There are no staff huddles moaning. The way staff speak to residents is better, brighter, more uplifted in their home. It's much better here."

The service promoted effective monitoring and accountability. The providers' representatives visited the home at least every two weeks, and played an active role in monitoring the quality and safety of the service. The management team were highly visible, spending time with the people living there and staff on all shifts. They were working to build a cohesive staff team, where staff trusted each other and communicated effectively. The manager had an 'open door' policy, and people and staff told us they were very accessible. They carried out 'snapchats' where they discussed specific issues with pockets of staff on the floor, for example talking to them about the importance of ensuring people's progress notes were written in a person-centred way. The management team worked seven days a week, providing consistent support and oversight.

Communication across the staff team was supported by a range of meetings. Information was shared at staff handovers on each unit at the beginning of each shift. Daily managers meetings provided an opportunity to monitor the support provided, including staffing levels, recording, accidents and incidents, safeguarding concerns, call bell logs, activities and maintenance issues. Clinical meetings were held three times a week where people at a high level of risk were discussed. There were weekly shift leaders meetings, carers meetings and a weekly head of department meeting.

Staff told us they felt valued and supported. 'Thank you Fridays' were an opportunity, for people and staff to value each other by sticking messages on a board in a communal area. One message said, "Thank you for all your help. especially your super cups of coffee." There was an 'employee of the month' award for staff nominated by their peers, and the provider's 'Oskar' award for outstanding care. One member of staff with sight problems was being supported by the providers 'access to work scheme'. This meant that they had transport to and from work and equipment to enable them to use the computerised care planning system. They told us, "I feel more at home with the RMBI than anywhere I've worked. They are always supportive."

Staff were able to contribute to the development of the service by expressing their views through staff surveys, staff forums, at supervisions and staff meetings. A staff newsletter and monthly staff meetings provided an opportunity for staff to be updated about any changes or developments and to put forward their ideas about how things might be improved or done differently. One member of staff told us how they had suggested making links between Cadogan Court and a local nursery school. This had led to a recent

visit by the children which was due to be reciprocated. They told us, "I was so happy to see the residents with dementia enjoying being with the children."

The workforce at Cadogan Court was diverse and included men and women from different cultures, backgrounds and religions. The manager talked about the need for ongoing cultural change and breaking down barriers, saying, "We need to understand our staff in terms of diversity a bit better. We have many staff from different backgrounds and need to do more work about being inclusive in the home." The provider identified the protected characteristics of staff through equal opportunities monitoring. Discrimination was challenged and support provided where required. For example, a complaint about racism had been addressed and followed up with staff, and staff had been made aware that staff fasting for Ramadan needed to take regular breaks.

The service was building strong community links. A project was being planned with a local school to create a recipe book, cooking and comparing recipes from the past and the present day. Work placements were being provided for students from a local college. Masonic meetings were held at the home so the people living there could be part of the wider masonic community. The provider also worked with organisations such as 'Dementia Friends' and the Dementia Action Alliance', to raise awareness and support for people living with dementia.

The manager and provider linked with a variety of forums to learn about best practice with the aim of improving the quality of the service. They took part in initiatives such as the national 'Learning at Work' week, organised by the campaign for learning, which promotes a learning culture in the workplace. The homes trainer and staff had worked with people at the service to learn a new skill, such as computing. The manager and provider accessed information from a range of publications and sources on line, attended RMBI events and conferences, and the local authority Providers Engagement Network (PEN), a forum for providers and managers. The manager had contributed to relevant research projects and was proactive in linking with other services to share information and ideas.

The provider and manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The manager and provider had acknowledged the areas in which the service needed to develop and improve, and been proactive in making this happen.

The manager was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested. The provider had displayed the previous CQC inspection rating in the main entrance of the home and on the provider's website.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor the quality of the service are still to be fully established and operated effectively.